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COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

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2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

☐ Please check if this is an update to a previously filed statement for the calendar year 2007.

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

LEGISLATOR INFORMATION		
Name	Member of:	
Mailing address Roger & Sherman	☐ House	⊯ Senate
Mailing address	District	
10 Sox 682		39
City, zip code	Phone	
Moulton me 0470	532-	7073
PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOT	HER	
List the name and address of each employer from whom you received compensation of	of \$1,000 or mo	re ' Specify the
principal type of economic activity of each employer.	ν φτ,σσσ σι της	ite. Openly the
Name of Employer Address	Principal Typ	e of Economic
Addiess Addiess	Activity c	f Employer
State of Maine Augusta	Sevato	r #39
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	**************************************	eren medikonte tipete et hitteriopit (h. 1992). Sistema en kommune kan en religioris et en emiliaris et en emi
PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT (For Legislators who are self-employed.)		
A. List the name and address of your business, if any, and list the major areas of eco	onomic activity	from which you
derived income. If associated with a partnership, firm, professional association, or similal areas of economic activity of that entity.	r business enti	ty, list the major
careas of Good office activity of that Grinty.	e e e e e e e e e e e e e e e e e e e	en nigeral en en elemente ele
Name and Address of Business Entity Major Areas of Economic Activity		s of Economic clivity
(self)	(partnership, as	sociation or similar ss entity)
Name:		to the second se
Address: See above Beef Cattle + gr	ans than	
Name:	7	<i>C</i>
Address:	. •	

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLO	DYMENT
(For Legislators who are self-employed.) B. List each source of income derived from self-employment that represents more than 10% of you is greater, and specify the principal type of economic activity of the entity or person from whom you disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the the entity or person from whom the income was derived.	r derived such income. If this form of
Name and Address of Source Name: Rev J Sherman Address: P.S. Box 687 Howton Me	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income Beef Farm ing
Address: P.S. Box 682 Houlton Me	THE PROPERTY OF THE PROPERTY O
Name:	
Address:	
PART 3. MAJOR AREAS OF PRACTICE (For Legislators who are attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list the major areas of practice of yo	
Name and Address of Firm (self)	actice Major Areas of Practice (firm)
Name: Address:	
Name:	
Address:	
PART 4. OTHER SOURCES OF INCOME List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not inclu-	do gifto. If none should the hear
	de girls. Tritone, check the box.
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name and Address of Source Name: (MSRS) (Retired Teached) Address: Augusta Me	State of mains
· · · · · · · · · · · · · · · · · · ·	
Name:	Tpacher
Address:	Specification
PART 5. REPORTABLE LIABILITIES List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during th areas of economic activity of each creditor. Do not list loans from a relative. If none, check the box	e reporting period, and list the major
None	
Name and Address of Greditor	Principal Type of Economic Activity of Creditor
Name:	
Address:	
Name:	
Address:	
PART 6. REPORTABLE GIFTS	
List the specific source of each gift of more than \$300. Include gifts with an aggregate value of mone, check the box	re than \$300 from a single source. If
None	227 Villa and Add Community and Co. (A. 1977).
A STANDARD S	Source of Gift
1. 3.	
2. 4.	en en se antida en la centra como en la como M

PART 7. REPORTAB	LE HONO	RARIA		
List the source of any honoraria accepted for appearances or speeches	s related to y	our of	ficial duties. If none, check the box.	
None	ve -	9 a .		
Name of Source of Honoraria	e. Saa o Good a A	N	ame of Source of Honoraria	
1. 3				
2. 4	-			
PART 8. REPRESENTATION B				
List each executive branch agency before which you represented or a the box.	ssisted other	ers for	compensation of any amount. If none, check	
None			**************************************	
Name of Agency			Name of Agency	
1.	• .			
2. 4.	**Collection of the state of th	**************************************	477 SINS AND	
PART 9. BUSINESS WITH	1 STATE A	GEN	DIES 1	
List each executive branch agency to which you or a member of your in \$1,000 during the reporting period. If none, check the box.	A A A A A A A A A A A A A A A A A A A			
None		C/C384000 + 1000	1	
Name of Agency	90 80 80 80 80 80 80 80 80 80 80 80 80 80		Name of Agency	
1. 3.		-		
2. 4.				
PART 10. INCOME RECEIVED BY MEMBERS OF IMMEDIATE FAMILY				
List the type of economic activity representing each source of income (ren) during the reporting period and the kind of income represented. ["D" for income received by dependents.	of \$1,000 c	r more	received by your spouse or dependent child	
List the type of economic activity representing each source of income (ren) during the reporting period and the kind of income represented. [of \$1,000 c Do not includ Cir appro	r more	received by your spouse or dependent child	
List the type of economic activity representing each source of income (ren) during the reporting period and the kind of income represented. ["D" for income received by dependents.	of \$1,000 c Do not includ Cir appro	r more de gifts cle priate	received by your spouse or dependent child Circle "S" for income received by spouse or	
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List the type of economic activity representing each source of income (ren) during the reporting period and the kind of income represented. If "D" for income received by dependents. Type of Economic Activity Representing Source of Income Received 1. Wanny James May 1986 2. Howard May 1986 3. SIGNATU A Legislator who willfully fails to file a required statement is subject (1 M.R.S.A. § 1017-A) The intentional filing of a false statement is a Class E crime. If the	of \$1,000 co Do not include Circle approve let S S S RE ct to a fine Commission Attorney Ge every ques	cle gifts cle priate ter D D D of \$10 on conneral. cd statestion as	Preceived by your spouse or dependent child Circle "S" for income received by spouse or Kind of Income Calary O per business day until the report is filed. Cludes that it appears that a Legislator has ement or has willfully filed a false statement, and shall be precluded from voting on any	

Date

NAME:	Roger 1 Sherma DATE: 1-28.05
ADDRESS:	1.8. Box Go Howlking ogna
	ADDITIONAL INFORMATION
Please provide information you	e any additional information below (and on additional sheets if needed). Indicate the part or section number for the
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